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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER:<br>SPA #10-06  | 2. STATE<br>Kansas |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                    |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>April 1, 2010   |                    |
| 5. TYPE OF PLAN MATERIAL (Check One):  |  |   |                    |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) |  |   |                    |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR Part 441, Subparts B and D   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2010                      \$289,248<br>b. FFY 2011                      \$765,040   |                    |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 4.19-A, Pages 38-42<br>Attachment 4.19-A, Pages 43-46 (New)  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Attachment 4.19-A, Pages 38-42  |                    |
| 10. SUBJECT OF AMENDMENT:<br>Psychiatric Residential Treatment Facilities (PRTFs)  |  |   |                    |
| 11. GOVERNOR'S REVIEW (Check One):   |  |   |                    |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br>Andy Allison, PhD. is the Governor's Designee   |                    |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br><i>Barbara E Jorgensen</i>  |  | 16. RETURN TO:<br>Andy Allison, PhD.<br>Kansas Health Policy Authority<br>Landon State Office Building<br>900 SW Jackson, Room 900-N<br>Topeka, KS 66612-1220 |                    |
| 13. TYPED NAME:<br>for Andy Allison, PhD.  |  |   |                    |
| 14. TITLE:<br>Executive Director of the Kansas Health Policy Authority   |  |   |                    |
| 15. DATE SUBMITTED:<br>March 30, 2010  |  |   |                    |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |   |                    |
| 17. DATE RECEIVED:<br><i>March 31, 2010</i>  |  | 18. DATE APPROVED:<br><i>6-29-10</i>  |                    |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |   |                    |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><i>APR - 1 2010</i>  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><i>William Lasowski</i>  |                    |
| 21. TYPED NAME:<br><i>William Lasowski</i>   |  | 22. TITLE:<br><i>Deputy Director, CMCS</i>  |                    |
| 23. REMARKS:   |  |   |                    |